

## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification			,,						
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
7590 08/11/2004						own certificat	e of mailing or transmission.	,	
McDermott, Will & Emery LLP						Cei	rtificate of Mailing or Tran	smission	
600 13th Street, N.W.					I hereby certify that this Fee(s) Transmittal is being deposited with the United				
Washington, DC 20005-3096			004	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile					
	NOV 1 2 2004 3			transmitted to the USPIO (703) 740-4000, on the date indicated below.					
CUSTOMER NO.: 20277		THE STATE OF		ŀ	(Depositor's name) (Signature)				
	TRADEMARKS		ŀ		_				
	TABE!			(Date)					
APPLICATION NO.	FILING DATE		FIRST NAMED INVE				ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/662,365	09/16/2003	Jang Fung Che					55071-280	9422	
TITLE OF INVENTION: H	YBRID PHASE-SHIFT MA	ASK			il	11/15/200	4 NNGUYEN2 00000182 5	00417 10662365	
						01 FC:150	1 1370.00 DA		
						02 FC:150	4 300.00 DA		
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PU	BLICAT	ION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1230	1370		\$30	00	\$1630		
EXAMINER		ART UNIT		CLASS-SUBCLASS		BCLASS	1670		
ROSASCO, STEPHEN D		1756			430-005000		J		
•							nt		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys								MOTT WILL &	
Change of correspondence address (or Change of Correspondence or agents OR, a					hatively,	,	F	EMERY LLP	
□ "Fee Address" indication (or "Fee Address" Indication form			(2) the name of a s			single firm (having as a member a y or agent) and the names of up to			
PTO/SB/47; Rev 03-02 o Number is required.	e of a Customer   2 registered p		d patent	tent attorneys or agents. If no name is 3					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON 1	HE PATENT	(print o	type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified by 37 CFR 3.11. Completion	clow, no assignee of this form is NO	data will appe F a substitute :	ear on th for filing	e pateni an assij	t. If an assign gnment.	ee is identified below, the o	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and						and STATE OR COUNTRY)			
ASML MASKTOOLS		VELDHOVEN, THE NETHERLANDS					3		
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	atent);	ine	dividual	orporation or other private g	group entity	
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):									
A slssue Fee									
					dit card. Form PTO-2038 is attached.				
Advance Order - # of	<del></del>	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500417 (enclose an extra copy of this form).							
5. Change in Entity Status	(from status indicated above	e)					· · · · · · · · · · · · · · · · · · ·		
a. Applicant claims SM	AALL ENTITY status. See 3	7 CFR 1.27.	🛭 b. Applica	nt is not	claiming	g SMALL EN	ΓΙΤΥ status. See, e.g., 37 CF	R 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and Printerest as shown by the reco	ublication Fee (if equired) v	vill not be accepted	l from anyone					ation identified above. the assignee or other party in	
(Authorized Signature)		(Date)			一				
	arty, Reg. No.		11/12/2						
an application. Confidentialist submitting the completed applications.	oplication form to the USPT for reducing this burden, stinia 22213-1450. DO NOT	O. Time will vary	depending up	lection is on the ir	estimat idividua	ted to take 12 i	mments on the amount of the	nd by the USPTO to process) ing gathering, preparing, and time you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,	

TRANSMIT THIS FORM WITH FEE(S)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.